

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

SEP 20 1934

1. PLACE OF DEATH

County Jackson
Township Leaw
City Kansas City (No. 4647)

Registration District No. 380
Primary Registration District No. Lee

File No. 29399
Registered No. 3816
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6647 Lee St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
✓ ✓ 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

13. NAME Walter Milan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo

15. MAIDEN NAME Jewel Sweeten

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Oak Oklahoma

17. INFORMANT (ADDRESS) Walter Milan 6647 Lee

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Aug 15 - 1934

19. UNDERTAKER (ADDRESS) Robert Henderson 8714 34th St - Brown

20. FILED 8714 19 34th St - Brown Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1934 to Aug 13 1934

I last saw him alive on Aug 13 1934 Death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

Perinatal Birth Date of onset 5 months

154 154

Other contributory causes of importance: atellasis 5 hrs

Name of operation _____ Date of _____

What test confirmed diagnosis? observation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: no

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Wallas Kays M. D.

(Address) 6900 Washington Back St Kansas City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr. Calaghan,